## **Mono County**

## **COVID-19 Incident**

## **Incident Action Plan**



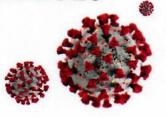






## **CORONAVIRUS DISEASE 2019**

COVID-19



March 26, 2020 - March 27, 2020

1700 - 1700

EOC Phone # (760) 932-5650

# MONO COUNTY COVID-19 DAILY MEETING SCHEDULE & LOCATIONS

1000	Operations Meeting (Emergency Services, Liaison, Community Support, & Operations) - EOC
1100	Unified Command Meeting (Unified Commanders, Command & General Staff) - Grand Sierra - Palisades Conference Room
1515	Command & General Staff Meeting - EOC
1600	Unified Command - Daily Briefing & IAP Review (Unified Commanders, Command & General Staff) - Grand Sierra - Palisades Conference Room

### **INCIDENT OBJECTIVES (ICS 202)**

1. Incident Name: Mono COV	/ID-19 <b>2.</b>	Operational Perio	d: Date From:	0/00/0000	Date To:	3/27/2020	
			Time From:	3/26/2020	Time To:	1700	
3. Objective(s):						,,,,,,	
<ol> <li>Provide for public and response workforce safety.</li> <li>Mitigate the speed of COVID-19 spread (Flatten the curve)</li> <li>Deliver Timely, accurate, and transparent information about COVID-19 spread and how it is being managed.</li> <li>Mitigate phobia with facts.</li> </ol>							
4. Operational Period Comma	and Emphasis:						
<ol> <li>Increase messaging in the continue investigation of t</li></ol>	overflow care sit assessment and s amunity Support I ssential services. care options for fi	es - comfort care and supportive care protest and series are series and series and series are series and series and series are series are series and series are series are series and series are series and series are series are series are series are series are series and series are serie	ocol in conjunc	tion with Publ	lic Health ar	nd the	
General Situational Awareness			•				
Promote healthy habits		giene					
<ol><li>Maintain social distanc</li></ol>	ing if possible						
<ol><li>Continue an open and</li></ol>	accurate informa	tion exchange				11	
5. Site Safety Plan Required?	Yes NoX						
Approved Site Safety Plan	(s) Located at:						
6. Incident Action Plan (the ite	ems checked belo	ow are included in t	his Incident Act	tion Plan):			
	S 207		Other Attachr	Designation of the second of t			
	S 208		Organiza	ational Chart			
X ICS 205	ap/Chart		Meeting	Schedule			
	eather Forecast/	ides/Currents					
CS 206							
7. Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:							
8. Approved by Incident Com	mander: Name:	Frank Frievalt	Si	gnature:			
ICS 202 IAP Pa	ige	Date/Time:					

## ORGANIZATION ASSIGNMENT LIST (ICS 203)

Circlest   Director   Circlest   Director   Circlest	1. Incident Name Mono COVID-19		2. Operat	<b>2. Operational Period:</b> Date From: 3/26/2020 Date To: 3/27/2020 Time From: 1700 Time To: 1700				
IC/UCs Dr. Tom Boo, Public Health Officer Deputy Deputy Steve Barwick (Mono County)  Safety Officer Natalle Morrow Branch Director Stewart Brown Branch Director Doug Hornbeck Deputy Public Info. Officer Stewart Brown Branch Director Doug Hornbeck Deputy Public Info. Officer Stewart Brown Branch Director Doug Hornbeck Deputy Public Info. Officer Stewart Brown Branch Director Doug Hornbeck Deputy Public Info. Officer Stewart Brown Branch Director Doug Hornbeck Deputy Public Info. Officer Stewart Brown Branch Director Doug Hornbeck Deputy Public Info. Officer Stewart Brown Branch Director Doug Hornbeck Deputy Public Info. Officer Doug Hornbeck Deputy Division/Group Division/Group Division/Group Division/Group Deputy Division/Group Deputy Division/Group Division/Group Deputy Division/Group Division/Grou	3. Incident Comm	nander(s) and Comm	and Staff:					
Dan Holler (Town of Mammoth Lakes) Steve Barvick (Mono County) Frank Friewalt (EOC Director) Safety Officer Public Info. Officer Stewart Brown Liaison Officer Doug Hornbeck Deputy A. Agency/Organization Nyo National Forest Jason Wingard Division/Group Resources Unit Division/Group Situation Unit Demobilization Unit Division/Group Divi								
Steve Barwick (Mono County) Frank Frienk Frienk (EOC Director) Safety Officer Nataliae Morrow Public Info. Officer Liaison Officer Doug Hornbeck Pagency/Organization Name Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Settlet Peputy Spann Wheeler Division/Group D		Dan Holler (Town of Ma	mmoth Lakes)	20.0000	OTHIO WORLDCOK			
Safety Officer   Natalise Morrow   Branch Director   Bryan Wheeler    4. Agency/Organization   Representatives:   Division/Group   Division/Group    Agency/Organization   Name   Division/Group   Division/Group    Inyo National Forest   Jason Wingard   Division/Group   Division/Group    Branch Director   Dustry Beavers   Division/Group   Division/Group    5. Planning Section:   Division/Group   Division/Group   Division/Group    Chief   Dustry Beavers   Division/Group   Division/Group   Division/Group    Resources Unit   Division/Group   Divisio		Steve Barwick (Mono Co	ounty)					
Safety Officer   Natalie Morrow   Branch Director   Bryan Wheeler   Dup Hornbeck   Deputy    4. Agency/Organization   Name   Division/Group		Frank Frievalt (EOC Dire	ector)	Staging Area				
Public Info. Officer   Doug Hornbeck   Deputy   Division/Group   Divisio	Safety Officer	Natalie Morrow			Public Health Brand	ch		
A. Agency/Organization   Representatives:   Division/Group	Public Info. Officer	Stewart Brown		Branch Director				
Agency/Organization Representatives: Agency/Organization Agency/Organization Inyo National Forest Jason Wingard Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Deputy Division/Group Situation Unit Division/Group Divisio	Liaison Officer	Doug Hornbeck		Deputy	- yan model			
Agency/Organization Name Division/Group	4. Agency/Organi	zation Representativ	es:					
Inyo National Forest Jason Wingard Division/Group Division/Group Division/Group Division/Group Division/Group Deputy Deputy Division/Group Deputy Division/Group Deputy Division/Group Deputy Division/Group Deputy Division/Group Resources Unit Division/Group Division/Group Situation Unit Demobilization Unit Division/Group				Annual No. of the Control of the Con				
Division/Group Division/Group Division/Group Branch Director Deputy Division/Group Division/Group Deputy Section: Deputy Division/Group Divis	Inyo National Forest	Jason Wingard						
Division/Group   Emergency Services Branch								
Branch Director   Seth Clark   Law Enforcement								
Branch Director   Deputy   D				TO A STATE OF THE STATE OF	Emergency Service	ces Branch		
Deputy   Division/Group   Dale Schmidt   Fire				Branch Director				
Chief Dustlye Beavers Division/Group Chris Mokracek EMS  Deputy Division/Group Chris Mokracek EMS  Resources Unit Division/Group Division/Group Division/Group Division/Group Documentation Unit Demobilization Unit Demobilization Unit Demobilization Unit Demobilization Unit Demobilization Unit Demobilization Unit Division/Group Deputy Community Support Branch Director Director Director Deputy Supply Unit Director Deputy Supply Unit Division/Group Deputy Support Unit Demotive Chief Deputy Director Service Branch Deputy Director Deputy Director Deputy Director Service Branch Deputy Deputy Director Service Branch Deputy Director Service Branch Deputy Deputy Director Service Branch Deputy Director Service Branch Deputy Deputy Director Service Branch Deputy Deputy Director Service Branch Deputy De				Deputy	7.7.7.7.7	Zaw Zinorcement		
Chief Deputy Division/Group Chris Mokracek EMS  Deputy Division/Group Division/Gr	5. Planning Section:			Division/Group	Dale Schmidt	Fire		
Deputy Resources Unit Division/Group Situation Unit Demobilization Unit Deputy Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Deputy Deputy Deputy Deputy Support Branch Director Director Director Director Director Deputy Supply Unit Facilities Unit Facilities Unit Service Branch Director Director Director Director Director Deputy Support Unit Chief Service Branch Deputy Director Director Chief Deputy Director Communications Unit Deputy Director Service Branch Deputy Director Deputy Director Service Branch Deputy Director De	С	hief Dustlye Beavers	Dustlye Beavers		Marie III Secretary Company of the C	The same of the sa		
Resources Unit Situation Unit Documentation Unit Demobilization Unit Demobilization Unit Technical Specialists Bryan Wheeler Division/Group Deputy Community Support Branch Support Branch Director Director Director Director Director Supply Unit Facilities Unit Facilities Unit Service Branch Director Director Director Communications Unit Director Communications Unit Medical Unit Food Unit Food Unit Corport/Claims Unit Corport/Claims Unit Food Unit Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:	Dep	outy			OTHIO WORLDOOK	LIVIS		
Situation Unit Documentation Unit Demobilization Unit Deputy Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Deputy Deputy Deputy Deputy Deputy Division/Group Deputy Deputy Deputy Deputy Support Branch Director Deputy Supply Unit Facilities Unit Facilities Unit Division/Group Deputy Director Deputy Director Deputy Director Deputy Director Directo	Resources l	Jnit						
Documentation Unit Demobilization Unit Demobilization Unit Technical Specialists Bryan Wheeler Deputy Division/Group Deputy Community Support Branch Branch Director Director Director Director Supply Unit Facilities Unit Ground Support Unit Service Branch Director Director Director Communications Unit Director Director Director Director Communications Unit D	Situation l	Jnit						
Demobilization Unit Technical Specialists Bryan Wheeler Deputy Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Deputy Community Support Branch Branch Director Director Director Director Supply Unit Facilities Unit Ground Support Unit Service Branch Director Director Director Director Director Director Communications Unit Director Director Director Director Director Director Deputy Service Branch Director Director Director Director Director Director Director Director Director Communications Unit Director Directo	Documentation l	Jnit			Hospital Branch			
Technical Specialists Bryan Wheeler Deputy Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Division/Group Deputy Community Support Branch Director Director Deputy Supply Unit Deputy Deputy Supply Unit Division/Group Deputy Supply Unit Director Deputy Division/Group Deputy Supply Unit Deputy Director Deputy Supply Unit Director Deputy Support Unit Director Deputy Director Director Deputy Director Director Deputy Director Director Deputy Director Director Director Deputy Director Director Director Director Director Deputy Director Director Director Director Deputy Director Director Director Director Director Deputy Director Director Director Director Director Director Deputy Director Director Director Deputy Director Director Director Deputy Director	Demobilization U	Jnit		Branch Director	THE RESERVE OF THE PARTY OF THE			
Division/Group Division/Group Division/Group Division/Group Chief Justin Nadler Division/Group Deputy Deputy Deputy Director Deputy Supply Unit Facilities Unit Facilities Unit Deputy Director Director Deputy Director Director Director Deputy Director Di	Technical Special	sts Bryan Wheeler		Deputy				
Bivision/Group Chief Justin Nadler Division/Group Deputy Deputy Deputy Director Support Branch Director Supply Unit Facilities Unit Ground Support Unit Service Branch Director Director Community Support Branch Kathy Peterson Deputy Supply Unit Facilities Unit Facilities Unit Facilities Unit Chief Jessica Workman Deputy Director Time Unit Communications Unit Medical Unit Medical Unit Food Unit Food Unit Food Unit Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:				Division/Group				
Chief Justin Nadler Division/Group  Deputy  Deputy  Support Branch Director  Director  Supply Unit  Facilities Unit  Ground Support Unit  Service Branch Director  Community Support Branch  Branch Director  Deputy  Supply Unit  Facilities Unit  Ground Support Unit  Service Branch Deputy  Director  Communications Unit  Medical Unit  Medical Unit  Food Unit  Corport Init  Corport Cost Unit  Coperations  Signature:				Division/Group				
Chief Justin Nadler Division/Group  Deputy  Deputy  Support Branch  Director  Director  Supply Unit  Facilities Unit  Ground Support Unit  Service Branch  Director  Director  Director  Chief Jessica Workman  Chief Jessica Workman  Deputy  Director  Time Unit  Communications Unit  Medical Unit  Food Unit  Prepared by: Name: Chris Mokracek  Position/Title: Operations  Signature:				Division/Group				
Deputy Support Branch Director Director Supply Unit Facilities Unit Ground Support Unit Service Branch Director Director Director Deputy Supply Unit Facilities Unit Facilitie	6. Logistics Section	on:		Division/Group				
Support Branch Director Director Supply Unit Facilities Unit Ground Support Unit Service Branch Director Deputy  Service Branch Director Deputy  Supply Unit Chief Deputy  Service Branch Deputy Director Time Unit Communications Unit Medical Unit Food Unit Food Unit Director Deputy Director Time Unit Comp/Claims Unit Comp/Claims Unit Food Unit Deputy Director Director Deputy Director Deputy Director Director Deputy Director Deputy Director Deputy Director Director Director Deputy Director Director Director Director Deputy Director Directo	Ch	nief Justin Nadler		Division/Group				
Support Branch Director Director Supply Unit Facilities Unit Ground Support Unit Service Branch Director Director Time Unit Communications Unit Medical Unit Food Unit Prepared by: Name:					Community Suppor	rt Branch		
Supply Unit Facilities Unit Warren Bowling  8. Finance/Administration Section:  Chief Jessica Workman  Service Branch Deputy  Director Time Unit Communications Unit Bob Rooks Procurement Unit Medical Unit Food Unit Cost Unit Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:	Support Bran	ch		Branch Director	Kathy Peterson			
Facilities Unit Warren Bowling  8. Finance/Administration Section:  Chief Jessica Workman  Deputy  Director Time Unit  Communications Unit Bob Rooks Procurement Unit  Medical Unit Comp/Claims Unit  Food Unit Cost Unit  Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:	Direc	tor		Deputy				
Ground Support Unit  Service Branch  Director  Director  Communications Unit  Medical Unit  Food Unit  Chief Jessica Workman  Deputy  Time Unit  Comp/Claims Unit  Comp/Claims Unit  Cost Unit  Cost Unit  Position/Title: Operations  Signature:	Supply U	nit						
Ground Support Unit  Service Branch  Director  Director  Communications Unit  Medical Unit  Food Unit  Prepared by: Name: Chris Mokracek  Chief Jessica Workman  Deputy  Time Unit  Comp/Claims Unit  Comp/Claims Unit  Cost Unit  Position/Title: Operations  Signature:	Facilities U	nit Warren Bowling		8. Finance/Adminis	tration Section:			
Service Branch  Director  Time Unit  Communications Unit  Medical Unit  Food Unit  Comp/Claims Unit  Comp/Claims Unit  Cost Unit  Prepared by: Name: Chris Mokracek  Position/Title: Operations  Signature:		William Control of the Control of th	and the second		10. 10. 10. 10. 10.			
Communications Unit Bob Rooks Procurement Unit  Medical Unit Comp/Claims Unit  Food Unit Cost Unit  Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:	Service Branch		EU & LOS					
Medical Unit Comp/Claims Unit Food Unit Cost Unit  Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:	Director			Time Unit				
Food Unit Cost Unit  Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:	Communications Unit Bob Rooks			Procurement Unit				
Prepared by: Name: Chris Mokracek Position/Title: Operations Signature:				Comp/Claims Unit				
olgitatare.	Food U	nit		Cost Unit				
	. Prepared by: Na	ame: Chris Mokracek	Position/	Title: Operations	Signature:			
	CS 203	IAP Page	Date/Tim	ne:				

1. Incident Name:		2. Operational	Period:			3.
Mono COVID-19	Date From: 3/		Date To:	3/27/2020	Community Suppo	
		Time From: 17	00	Time To:	1700	Branch:
4. Operations Perso	nnel: Name			Contac	ct Number(s)	Division:
Operations Section C	Chief: Chris	Mokracek				Group:
Branch Dire	ector: <u>Kath</u>	/ Peterson				Staging Area:
Division/Group Super	visor:					Juging Alea.
5. Resources Assign	ned:		S			Reporting Location,
Resource Identifier	Leader	# of	Contact (e frequency	e.g., phone, p	pager, radio	Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments NEEDS: 1. PPE for public 2. Database need checks.(Dan infi 3. Include messag 4. Food drop off c 5. Identify hand sa	contacts of a I for addresse o collect, Nat ges with food oordinator/s. anitizer need	es of high risk pu e develop form) drop offs to at ri	blic for food o	rop off, statu		
7. Special Instructions						
<ol> <li>Provide Comm</li> <li>Provide IMACA</li> </ol>	nunity Suppor A meal recipie	t Branch organiz ent data base.	ational chart.			
8. Communications (r						
Name/Function /		Primary C	ontact: indica	ate cell, page	er, or radio (fre	equency/system/channel)
9. Prepared by: Name	: Chris Mok	racek Pos	ition/Title: O	perations	Claust	
ICS 204	IAP Page		e/Time:	Juliona	Signatu	ле
	-5-		O, 111110			-

1. Incident Name:		2. Operat	ional P	eriod:	3.
Mono COVID-19 Date From Time From			1: 03/2	0 Date To: 03/27/2020 Time To: 1700	Branch:
4. Operations Person	Emergency Services				
				Contact Number(s)	Division:
Operations Section	on Chiet: C	nris iviokrad	сек		Group:
Branch Dire	ctor: Se	eth Clark			Стоир.
Division/Group Superv	visor:				Staging Area:
5. Resources Assign			S		Reporting Location,
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information
Fire Chief-County	Dale Schm	idt	1		
Fire Chief - Mammoth	Ales Toma	ier	1		
Law Enforcement	Seth Clark		1		
EMS	Chris Mokr	acek	1		
Probation	Karin Hum	iston	1		EOC Security & Access
<ol> <li>Gather informati</li> <li>Receive and dis</li> </ol>	on on PPE r tribute PPE t	eeds for LE	, EMS	rice related to COVID-19 virus. and Fire. Every Monday.	
7. Special Instructions		at was considered			
Probation to pro     MCSO Comman	vide security id trailer loca	for the EO0 ited at EOC			
9 Communications /	odio on dis	-h			
o. Communications (r Name/Function	adio and/or			nbers needed for this assignment): ntact: indicate cell, pager, or radio (fro	equency/system/shannel\
/		1.000	ury ou	mulate cen, pager, or radio (ile	squency/system/channer)
		102			
9. Prepared by: Name	: Chris Mokra	acek	Posit	ion/Title: Operations Signat	ture:
ICS 204	IAP Page		Date	/Time:	
			-		

1. Incident Name:		2. Operation	nal P	Period:	
Mono COVID-19 Date From Time From			3/26	/20 Date To: 2/27/22	3. Branch:
4. Operations Personnel: Name				Contact Number(s)	Mammmoth Hosptial
Operations Section C	Chief: Chri	s Mokracek		<u>oondot Number(s)</u>	Division:
Branch Dire	ector: Katl	nleen Alo			Group:
Division/Group Super					Staging Area:
5. Resources Assign			-		
Resource Identifier	Leader	¥	Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
6. Work Assignments					
Identify personne	el to coordinat	e daily with E	OC P	Planning to update dashboard	
. Special Instructions	s:				
. Communications (ra lame/Function	adio and/or p	hone contact Primary	numl / Con	pers needed for this assignment): stact: indicate cell, pager, or radio (fre	quency/system/channel)
1				4	
1					
. Prepared by: Name		ek P	ositio	on/Title: Operations Signatu	ıre:
CS 204	IAP Page _		ate/7	Гіте:	

1. Incident Name:		2. Operational	Period:			
1. Incident Name:  Mono County COVID-19  2. Operational Period:  Date From: 3/26/2020 Time From: 1700  Date To: 3/27/2020 Time To: 1700						3. Branch:
4. Operations Perso	nnel: Name				ct Number(s)	Public Health
Operations Section C	Chief: Chris	Mokracek		-	21.144.11201(0)	Division:
Branch Dire	ector: Bryar	Wheeler				Group:
Division/Group Super	visor:					Staging Area:
5. Resources Assign	ned:		0			Reporting Location,
Resource Identifier	Leader	# of	Contac frequen	t (e.g., phone, cy, etc.)	pager, radio	Special Equipment and Supplies, Remarks, Notes, Information
5 10 10						
6. Work Assignments						
<ol> <li>Provide proto</li> <li>Continue coo</li> <li>Develop child</li> <li>Identify IMHO</li> <li>Purchase 240</li> <li>Provide PH coo</li> </ol>	ordination effordination effordination of the discount of the	e for hospital an Mono County E	th Hospital d essential OC	staff children		
7. Special Instruction	s:					
Prioritize testing		atic First Respor	nders.			
8. Communications (r Name/Function	radio and/or p					quency/system/channel)
		701				
9. Prepared by: Name	: Chris Mokra	ek Pos	sition/Title:	Operations	Signatu	ure:
ICS 204	IAP Page _	Dat	e/Time:			

1. Incident Name:		2. Operat	tional F	Period:	3.
	1. Incident Name:       2. Operational Period:         Mono County COVID-19       Date From: 3/26/2020       Date To: 3/27/2020         Time From: 1700       Time To: 1700				
4. Operations Perso	nnel: Name			Contact Number(s)	1
Operations Section (	Chief: Fran	k Frievalt,	EOC Di		Division:
Branch Dire	ector:				Group:
Division/Group Super	visor:				Staging Area:
5. Resources Assign			(0		Donortina Lasatia
Resource Identifier	Leader		# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information
<ol> <li>Follow-up with Da</li> <li>Communications</li> <li>Resolve electronic</li> <li>Invite USFS to se</li> <li>Prepare for extend</li> </ol>	c 213 lected Tuesda	ay and Thur		vices and displaced lodgers, quaranting	e personnel.
7. Special Instruction	s:				
B. Communications (r Name/Function / /	adio and/or p			bers needed for this assignment): ntact: indicate cell, pager, or radio (fre	equency/system/channel)
Prepared by: Name	· Chris Mokrad	cek	Desiti	on/Title: Operations	
CS 204	IAP Page		1	on/Title: Operations Signatu	ıre:
	IAF Fage _		Date/	Time:	

1. Incident Name:		2. Operational F	Period:	3.				
Mono County COVID	Branch: Operations							
4. Operations Perso	4. Operations Personnel: Name Contact Number(s)							
Operations Section (	Chief: Chri	s Mokracek, Oper		Division:				
Branch Dire	ector:			Group:				
Division/Group Super	visor:			Staging Area:				
5. Resources Assign	ned:	Ø		Reporting Location,				
Resource Identifier	Leader	# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Special Equipment and Supplies, Remarks, Notes, Information				
			•					
<ol> <li>Work Assignments</li> <li>Work with hospita</li> <li>Gather informatio</li> <li>Meeting with hos</li> <li>Conduct morning</li> </ol>	al staff to dete on (ICS-213) o pital, LE & Ca	on PPE needs for I ITrans regarding 2	are sites within community. Emergency Services. 203					
7. Special Instruction	s:							
8. Communications (	radio and/or p		nbers needed for this assignment): ntact: indicate cell, pager, or radio (fro	oguanavlavsts-stal				
		7 milary 00		<u>squericy/system/channel)</u>				
1								
1				R				
9. Prepared by: Name	e: Chris Mokra	cek Posit	ion/Title: Operations Signat	ture:				
ICS 204	IAP Page _	Date	/Time:					
		10.00						

**COMMUNICATIONS LIST (ICS 205A)** 

3. Basic Local Communications Information:  Incident Assigned Position Name (Alphabetized) Name (Alphabetized) Name (Alphabetized) Nese EOC Phone List Push to Talk Communication Sys  Name (Alphabetized) Nam	1. Incident Name: Mono COVID-19	2. Operational	Period:	Date From: Time From:	3/26/2020	Date To: 3/27/2020		
See EOC Phone List Push to Talk Communication Sys  Push to Tal	3. Basic Local Communicati	ons Informati	on:			1700	Time 10. 1/00	
See EOC Phone List Push to Talk Communication Sys  Push to Tal	Incident Assigned Position	Name (	Alphahetized)	Method(s) of Contact				
Push to Talk Communication Sys	See EOC Phone List	Hame (	Alphabetized)		(ph	one, pager, c	ell, etc.)	
		Sys						
					and the second s			
	. Prepared by: Name: Chris	Mokracek	Position/Title:	Operation	ne	0:		
	Design Constraint.		_	Operation	113	_oignature: _		

### Finance Coordinator Jessica Workman Date/Time: 3/27/2020 Public Information Officer Time To: 1700 Liaison Officer Safety Officer Doug Hornbeck INCIDENT ORGANIZATION CHART (ICS 207) Facility Maintenance Logistics Coordinator 2. Operational Period: Date From: 3/26/2020 Date To: Natalie Morrow Stewart Brown Signature: Warren Bowling Justin Nadler + Time From: 1700 Position/Title: Operations Dr. Tom Boo, Public Health Offc. Steve Barwick (Mono County) Frank Frievault, EOC Director Dan Holler (Mammoth Lakes) Incident Commander(s) Planning Coordinator Technical Specialist Documentation **Dustlyne Beavers** 4. Prepared by: Name: Mokracek **Bryan Wheeler** Vacant **Emergency Management Branch** Community Support Branch Operations Coordinator Public Health Branch Hospital Branch 3. Organization Chart Mono COVID-19 IAP Page Chris Mokracek 1. Incident Name: **Bryan Wheeler** Kathy Peterson Kathleen Alo Seth Clark ICS 207

	SAFET	Y WESSAGE/PLA	N (ICS 2	208)		
1. Incident Name: Mono COVID-19		2. Operational Period: 1	Date From: Time From:		Date To:	3/27/2020
3. Safety Message/E	xpanded Safety Mess	age, Safety Plan, Site Sa	afety Plan:	1700	Time To.	1700
Mono County and Control (CDC), state, The CDC and Mono C	d the Town of Mammoti and local agencies to m county Health remain th olic to stay informed wit	n Lakes is working closely conitor and respond to CO' e best resources for curre h reliable, timely information	with guidar	it potential in	npacts on N	Mono County.
In order to limit ex	cposure implementation	of the following activities:	:			
1. Steps to prever 2. Under all circum 3. Stop shaking ha 4. Social Distancir possible especially for 5. If you are not fee stay home from school 6. Work space shou 7. Wipe down all wo 8. Limit meetings to approval through Brain 9. Personnel enterir temperature reading.	nt the spread of COVID- nstance, stop touching yands. ng (minimum of 6 feet) - those who appear at hi ling well or are experier or work. ald provide hand sanitized ork stations prior to use essential personnel, no Wheeler or Natalie Mo	increase the amount of regher risk for developing direction cold, flu, or other synthem and cleaning supplies. and after use. To exceed 10 persons (corrow)	d sneeze, we nouth with your mote working isease. In mptoms, contain the incression of the same be incressed.	our unwashe ng or telewor ntact your pri	d hands.  king to the mary care place.	provider and
EOC FOOD POLICY		Table moderning/recomity.				
1. No Communal Dishe 2. Hand sanitizer to be 3. Pre wrapped, individ 4. No Finger foods. 5. Utensils must be use 6. Disinfect counter spa 7. No uncovered food a 8. Properly dispose of a	available and used befound foods are preferred.  In the serve all foods. Districts before the arrival out of food should not be full food trash daily.	nat would be served family ore touching any food or unsinfect your hands after self the food and at the time of the food and	erving yourse of clean up. urs.			
RESIDENT FOOD DEL			aration and	manding pro	0633.	
1. Wash or disinfect you 2. If possible, remain 6 3. Ask the individual aboas soon as possible. Br Name, phone number, a	or hand before encounter feet from any communite out any symptoms such yan Wheeler Health De and address. nedications, place the ite	ers with any individual in the sy member who is receiving as fever, dry cough, or dispartment. If the individual tem down, move back 6 feet	g service. fficulty brea has any syr	thing. If so re	ct contact i	nformation.
4. Site Safety Plan Re						
	ty Plan(s) Located At:					
5. Prepared by: Name		_ Position/Title: Safety Of	ficer	_Signature: _		
ICS 208	IAP Page	Date/Time:				